

**Dan Bernal**  
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Vice President  
**Edward A. Chow, M.D.**  
Commissioner  
**Susan Belinda Christian, J.D.**  
Commissioner  
**Cecilia Chung**  
Commissioner  
**Suzanne Giraud ED.D**  
Commissioner  
**Tessie M. Guillermo**  
Commissioner

**HEALTH COMMISSION  
CITY AND COUNTY OF SAN  
FRANCISCO**

**London N. Breed Mayor  
Department of Public Health**



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**MINUTES  
HEALTH COMMISSION MEETING  
Tuesday June 6, 2023 4:00 p.m.  
101 Grove Street, Room 300  
San Francisco, CA 94102 & via Webex**

**1) CALL TO ORDER**

Present: Commissioner Laurie Green, MD, Vice President  
Commissioner Cecilia Chung  
Commissioner Edward A. Chow M.D.  
Commissioner Susan Belinda Christian, J.D.  
Commissioner Suzanne Giraud, Ph.D  
Commissioner Tessie Guillermo

Excused: Commissioner Dan Bernal President

The meeting was called to order at 4:04pm. Commissioner Green chaired the meeting.

**2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETINGS OF MAY 11, 2023 AND MAY 16, 2023.**

**Public Comment:**

Patrick Monette Shaw made verbal comments and submitted the following summary regarding the May 16, 2023 minutes:

The 5/16/23 meeting minutes included my testimony that the “*Director’s Report*” didn’t mention the LHH Nursing Home Administrator (NHA) and the two Assistant Nursing Home Administrator (ANHA) positions. I noted an updated organization chart showing the new reporting structure should be published and provided to the Health Commission as a high priority. LHH’s current organization chart updated last November showed the NHA few layers down from LHH’s CEO. Since then, it’s become clear there’s been a restructuring change because the NHA will serve concurrently as CEO of LHH’s. And I noted that ideally, the NHA should report directly to the Director of Public Health, Dr. Colfax, **not** report to the CEO of the San Francisco Health Network (SFHN). SFHN had initially been stood up to oversee the 13 neighborhood primary care health clinics, not to manage Laguna Honda. That was another of this Commission’s major mistakes and must be corrected!

Action Taken: The Health Commission unanimously approved the May 11, 2023 meeting minutes.

Action Taken: The Health Commission unanimously approved the May 16, 2023 meeting minutes.

### **3) GENERAL PUBLIC COMMENT**

Patrick Monette Shaw made verbal comments and submitted the following summary:

Until Laguna Honda Hospital obtains its cms recertification, every meeting of the full Health Commission should have a separate agenda item devoted to the LHH closure and patient relocation plan. It should not be buried within the Director of Public Health's monthly "Director's Report." This is the least this Health Commission can do to signal that getting Laguna Honda recertified is one of your top priorities!

### **4) SFDPH BEHAVIORAL HEALTH SERVICES (BHS)UPDATE**

Hillary Kunins, MD, MPH, MS, Director of BHS and Mental Health SF, presented the item. Regarding the new authorization giving paramedics 5150 authorization, Dr. Kunins stated that the central goal is to ensure the person in crisis is able to receive the most appropriate intervention in as timely fashion as possible. The DPH will be monitoring the use of 5150s to ascertain if it is increasing or decreasing. It will also be reviewing what happens to someone after a 5150 to understand the impact on their health and connection to care that may stabilize their medical and mental health.

#### Public Comment:

Teresa Palmer submitted the following written comments:

CMS will not recertify Laguna Honda if SFDPH persists in using it as a destination for behaviorally complex people whose care cannot truly be optimized in a nursing home setting, OR who jeopardize themselves or the other fragile folks in the nursing home. If this is not corrected we can look forward to more "immediate jeopardy" citations and ultimately, to the loss of our public nursing home. Lack of sufficient housing and treatment for disabled and elderly folks with behavioral problems is one of the key reasons that Laguna Honda is in dangerous trouble. More acute and subacute psychiatric beds, and more disabled access Board and Care and supportive housing beds are necessary but not sufficient. In addition, skilled clinicians, case managers, medication managers, and peer counselors must be available in sufficient numbers. Actually providing sufficient services cannot wait. I am not reassured by this presentation.

Art Persyko submitted the following written comments:

The recertification of Laguna Honda will be at risk if SFDPH persists in using Laguna Honda to treat behaviorally complex people who cannot be cared for appropriately in a nursing home setting, because unless those two populations are housed and cared for separately, that mix will likely jeopardize the more fragile, elderly nursing home residents. If Laguna Honda is to care for both of those different resident populations, a separate wing of Laguna Honda Hospital (LHH) should be set up so the two different patient populations can be treated in two different parts of Laguna Honda Hospital. In addition, SF, California and the US needs more health care access and services for all. More psychiatric beds; and more Board and Care and supportive housing beds are needed. And correspondingly more health care workers are needed to treat and meet the need for sufficient health care for all in SF

Norm Dageleman, Gray Panthers, stated that CMS will not recertify LHH if it continues to be used as a destination for behaviorally complex people. If this is not corrected, we can look forward to more immediate jeopardy situations and ultimately lose our nursing home.

Michael Lyon, Gray Panthers, DPH seems to recognize the mistake of the flow project and to resolve to never let it happen again. Unless the city can provide care on all levels for people with substance and/or mental health issues, the situation with LHH will likely happen again.

Commissioner Comments:

Commissioner Guillermo stated that hiring highly qualified staff for DPH and community behavioral health positions is necessary for the DPH to succeed in its goals. She asked if there is infrastructure and processes within the DPH and city Human Resources to hire these staff in a timely manner. Dr. Kunins stated that there is a dearth of mental health providers locally and nationally. The DPH must work closely with its Human Resources Department and the city to be creative. She added that there have been improvements in the job pipeline which should help over time. She added that the DPH will also be using other types of professionals such as pharmacists in its overall plan. Commissioner Guillermo noted that it is increasingly difficult to recruit people to move and work in the city; it is important for the Health Commission to be updated on these issues.

Commissioner Christian stated that being able to pay people to live in the city allows them to stay; housing is a major issue. It would be interesting to hear from other City departments around collaboration of these issues regarding retaining people to stay in the City.

Commissioner Christian asked for more information on the universal talk therapy initiative. Dr. Kunins stated that this has been developed in conjunction with the Human Rights Commission. The initiative uses MHSA funds to increase availability of private therapist to interested San Francisco residents, who otherwise would not have access to these services.

Commissioner Christian stated that racism is detrimental to health. Black African Americans and other People of Color die earlier and have more health issues. She is curious how the DPH partners with other City agencies and entities to address the impact of racism on the San Francisco population. She congratulated the DPH on the Best Neighbor Teams initiative, which use innovation to address people where they need attention.

Commissioner Chow noted concern regarding the evolution of street response programs, that we not lose perspective of where we have been. He requested a comprehensive picture of what is being implemented for street services. Dr. Kunins stated that she will include this information in a future update to the Commission.

Commissioner Giraudo asked if the DPH collects data on people who refuse services in the current pilot in which people who are caught using drugs on the street are arrested and offered services. Director Colfax stated that that the number of people accepting and refusing services is being collected.

Commissioner Chow stated that he appreciates that the DPH is attempting to respond to the needs of Asian populations and looks forward to updates in the future.

Commissioner Green asked that a future presentation include information about how all the city departments work towards shared metrics regarding substance use and overdose prevention.

**5) OFFICE OF HEALTH EQUITY UPDATE**

Ayanna Bennett, MD, MS, FAAP, Director, presented the item.

Public Comment:

Robert Reinhard, SF Black and Jewish Unity Coalition, made verbal comments and submitted the following summary:

Thank you for your reply to our presentations about life expectancy disparity impacting Black residents. There's new data. "Over a recent 22-year period, the Black population in the US

experienced more than 1.63 million excess deaths and more than 80 million excess years of life lost when compared with the White population.” You point out African Americans received covid vaccinations comparable to other citizens. How many died? 9.1% of local covid deaths from a group comprising 4.9% of the city’s population. Blacks as a percentage of overdose deaths was 25% in 2020, 28% in 2022, 33% in 2023 so far. These numbers suggest a need for differentiated care, input from population health scientists collaborating with government and communities to develop interventions and comparative effectiveness measures and a look at effectiveness in other locations. We ask you to treat this as a health emergency as the city did with COVID.

Commissioner Comments:

Commissioner Guillermo asked if the DPH is collecting data in categories that enables individuals to self-identify as multiracial. She noted that it may be important in recruitment of the workforce to enable this type of self-identification. She also stated that the DPH Human Resources website is difficult to navigate, which could impact recruitment. Dr. Bennett stated that there is a video on each DPH job posting that states we care about equity and how the department approaches equity. Regarding the multiracial data collection, the DPH has done some research about how to define groups and categories; the current process is static and does not reflect many people’s lived experience. This process continues to evolve. The DPH will hold focus groups to further explore these issues.

Commissioner Chow stated that disaggregating Pacific Islander data from Asian data may give a fresh look at both data sets. He added that neither category is homogenous. Within different Asian populations, it is important to recognize smaller cohorts. Dr. Bennett stated that as the categorization processes become more effective, it may look messier, but it will reflect more people’s lived experience.

Commissioner Christian asked for clarification about data shown on slide 4, “Health Disparities: Black Health Priority Setting.” Dr. Bennett stated that community input came to the Health Commission, to Director Colfax, and through DPH activities; at the same time, community groups and the City were working in parallel on racial equity issues such as consideration for reparations.

Commissioner Christian asked about data noted on slide 5, “Health Disparities: “Black Joy & Longevity.” Dr. Bennett stated that the DPH shared the data with partners such as UCSF. The DPH compensated a set of community-based organizations to bring people in to hear the research results at several events. It is currently developing a plan to share the research on a wider scale. She stated that anecdotally people are tired of telling the DPH how horrible racism is; they want to know what is going to be done about it and see improvement.

Commissioner Green asked for more information on the DPH collaboration with UCSF, noting UCSF has been doing incredible work on racism in the public health arena. Dr. Bennett stated that the DPH is working with the UCSF Equity Officer and Researcher to talk about how each can play a role, shape clinical services, and respond to evolving issues.

Commissioner Green thanked Dr. Bennett, Office of Health Equity staff, and all the equity champions through the DPH.

**6) CHARITY CARE REPORT: 2020-2021**

Max Gara, Senior Health Program Planner, presented the item.

Commissioner Comments:

Commissioner Guillermo stated that she appreciates the addition of the data showing ratio of patient number to revenue, which was requested by the Finance and Planning Committee. This data helps the Commission and community understand which hospitals are more likely to see patients in which Charity Care is more evident.

Each of these hospitals provide a range of services; the newer data helps round out the picture for each hospital.

Commissioner Chow commended Mr. Gara and the DPH for continuing to provide this report, which shows how non-profit hospitals serve the community.

## **7) DIRECTOR'S REPORT**

Grant Colfax MD, DPH, Director of Health, presented the item.

### **ANNOUNCING SANDRA SIMON AS THE NURSING HOME ADMINISTRATOR AND CHIEF EXECUTIVE OFFICER FOR LAGUNA HONDA HOSPITAL**

After a thorough search, DPH is pleased to announce Sandra Simon as the new leader of Laguna Honda Hospital. Sandra will serve as the Nursing Home Administrator (NHA) and Chief Executive Officer (CEO) effective June 26, 2023. This transition to a licensed NHA as the most senior position at Laguna Honda aligns Laguna Honda with top performing skilled nursing facilities nationwide.

Sandra has the experience, skills, and passion to lead Laguna Honda and best serve our residents. She was chosen for this important role for her commitment to Laguna Honda's mission and her over 20 years of successful experience as a Nursing Home Administrator.

During her career as a Nursing Home Administrator, Sandra established a track record of success, leading skilled nursing facilities, assisted living programs, and memory care programs along with large multi-building campuses with varying levels of care.

As an NHA, Sandra has held multiple leadership roles, including serving as the Chief Administrative Officer at the San Francisco Campus for Jewish Living (San Francisco's second largest Skilled Nursing Facility). She has most currently held dual roles as the Campus Director for the Holgate Center Campus, which includes Skilled Nursing, Assisted Living/Residential Care, and Independent HUD Housing and as the NHA for the Friendship Health Center, where she has been responsible for operational and clinical oversight.

For the first month of Sandra's tenure at Laguna Honda, she will focus on learning and listening. This will include connecting directly with residents and their families, staff facility-wide, union partners, resident advocates, and San Francisco leaders. We look forward to having Sandra join DPH later this month!

### **MAYOR LONDON BREED ANNOUNCES BUDGET INVESTMENTS FOR BEHAVIORAL HEALTH EFFORTS**

Mayor London N. Breed announced her proposed budget investments to address mental health and substance use issues. This funding will build on existing programs and invest in new solutions to broaden the City's response in how it addresses behavioral health issues impacting San Francisco.

In the last year, DPH Behavioral Health Services has provided mental health treatment to more than 16,500 individuals and upwards of 4,500 have received substance use treatment. More than 60% of those receiving substance use disorder treatment are people experiencing homelessness.

To support those who are working towards health and well-being, DPH has increased the availability of care and treatment beds, adding more than 350 beds to the City's already existing 2,200 care and treatment beds. The City has also increased access to buprenorphine and methadone, including expanding hours at clinics and pharmacies and deploying mobile strategies to dispense this lifesaving medication. Buprenorphine and methadone are the most effective treatments for opioid addiction and reduce risk of dying by up to 50%.

The Mayor's proposed two-year budget will continue this critical support and build on these efforts in key areas, including continuing residential treatment expansion, the continued implementation of [Mental Health SF](#), enhancing overdose prevention efforts in targeted communities, coordinating a robust street outreach

program, expanding abstinence-based treatment programs, launching CARE Court implementation, and opening wellness hubs.

Key Budget Investments:

*Expansion of Treatment Beds*

In 2021, Mayor Breed and DPH launched a plan to add 400 new treatment beds on top of the more than 2,200 beds San Francisco already had in place. Over the last two years, significant progress has been made, with over 350 beds added toward that goal. The City offers residential treatment for mental health care, substance use disorders, withdrawal management, and step- down care for people leaving residential treatment who want to continue care in a residential setting.

*Continued Implementation of Mental Health SF*

The Budget will also focus on the continued implementation of key priorities of [Mental Health SF](#), including systematic follow-ups for individuals discharged from hospitals after involuntary psychiatric treatment holds (5150s) and expanding care management services for people with behavioral health needs who are transitioning from the justice system.

Additionally, to give greater access to services whenever someone seeking help is ready to ask for it, the Mayor's Budget continued to budget to expand hours to weekends at the Behavioral Health Access Center (BHAC), where people can walk in for treatment and services. This year, hours at BHAC were expanded from 40 hours a week to 50 to include weekday evenings.

*Enhanced Investment in High-Risk Overdose Communities*

While the African-American community represents less than 6% of the San Francisco population, they represent 28% of overdose deaths over the last two years.

To address the City's disproportionate overdose deaths among African American people and people experiencing homelessness, the Budget will support a focus on culturally congruent programs tailored to serve at-risk communities, as well as expanded overdose prevention education, overdose prevention champions, and links to care, including abstinence-based treatment.

***Coordinated Street Outreach***

The Budget will continue to fund the City's Street Response Teams, coordinated by the Department of Emergency Management (DEM). The City's multi-department approach to help people in crisis on our streets coordinates Police, Fire, Public Health, and Homelessness and Supportive Housing. As of April 2023, over 18,000 calls have been diverted from police to our street response teams.

DPH's neighborhood-based street care teams have expanded to five neighborhoods with the largest numbers of unhoused people and overdoses working seven days a week to get people into care. The Street Medicine team, serving nearly 3,000 patients a year, will continue to provide medical and behavioral health care to people experiencing homelessness in streets, parks and encampments. The City will continue to expand buprenorphine distribution by emergency responders and medical professionals in community. More than 5,000 San Franciscans get access to buprenorphine or methadone annually.

***Abstinence-Based Treatment Programs***

This Budget expands the continuum of care and treatment options for people experiencing substance use disorder. Specifically, this Budget will continue the expansion of a women's abstinence-based therapeutic

community, which supports those exiting the criminal justice system who have experienced addiction, domestic violence, and family separation and will support additional abstinence-based treatment services.

### ***CARE Courts Implementation***

San Francisco is among the first seven counties across the State of California to implement Community Assistance, Recovery and Empowerment (CARE) Courts. This program is designed to bring people into care who are not ready to voluntarily engage but not eligible for programs like conservatorship.

CARE Courts allow family members, healthcare providers, or first responders to petition for an individual to enter the programs. In these procedures, a Care Plan is established and a judge can use court orders to with support such as short-term stabilization medications and beds, as well as wellness and recovery offerings. Mayor Breed's Budget will fund engagement and assessment staff; increased capacity for treatment and housing; and outreach and educational efforts.

### ***New Wellness Hubs***

The Budget funds the opening of up to three Wellness Hubs over the next two years to support the City's efforts to improve the health and wellbeing of people who use drugs, including those experiencing homelessness, and reduce public drug use. These sites will provide low- to no- barrier:

- Overdose prevention services and resources
- Resources to improve a person's health, including basic needs as housing, food assistance, and basic medical services
- Connections to outpatient and inpatient residential treatment

Any possible inclusion of safe consumption would be funded by private entities.

### ***Mental Health Services for Children, Youth and Families***

This Budget continues to support more than 100 programs delivering behavioral health services to children, youth, and families across San Francisco County. This includes a range of services offered within SFUSD that range from prevention, early intervention, outpatient care and intensive services.

### ***Advocating for Additional State Resources***

The Mayor continues to support efforts to identify more state funding for mental health and substance use treatment. This includes advocating for Governor Newsom's proposed 2024 ballot initiatives to improve how California treats mental illness, substance use disorders and homelessness.

This plan would build thousands of new community behavioral health beds in state-of-the-art residential settings to house Californians with mental illness and substance use disorders, which could serve over 10,000 people each year.

### **MAYOR'S TWO-YEAR BUDGET PROPOSAL ANNOUNCED**

On June 1<sup>st</sup>, Mayor London N. Breed made her proposal to the Board of Supervisors for a balanced FY 2023-24 and FY 2024-25 budget. The budget prioritizes public safety, homelessness and behavioral health and supports restoring San Francisco's economy and downtown while balancing a sizable deficit. The budget reflects the proposals for DPH brought to the Health Commission in February and April of this year. In addition, the Mayor's Office includes enhancements to DPH's budget. These changes are outlined in the attached memo. Most significantly, the budget includes the following:

*Opioid Settlement Funds* - \$103 million over the two-year budget to be used to fund:

- \$33.8 million for new programming at DPH for three new wellness hubs, contingency management programs, focused outreach to address racial disparities in the Opioid crisis, sober living, medication assisted treatment and connection to care in high-risk housing.

- \$25.3 million for Community Safety Ambassadors managed by the Mayor’s Office of Economic and Workforce Development
- \$36 million to offset the costs of services in the Behavioral Health Services and the Population Health Division to address the opioid epidemic previously supported with the general fund.
- \$6.7 million in-kind Naxolone

*CARE Court and Bridge Housing*

- \$4.3 million for CARE Court to connecting clients struggling with untreated health issues with a court-ordered CARE plan for up to 24 months.
- In addition, the department will receive \$32 million of State funding for Behavioral Health Bridge Housing to be spent over the next four years to support behavioral health clients, especially those associated with CARE Court, in accessing shelter and housing.

*Capital and Bed Expansion Investments through State and Private Partnerships*

- A \$33.7 million state grant awarded to DPH to build new inpatient and outpatient psychiatric facilities for youth at ZSFG.
- An \$18.3 million grant from the ZSFG Foundation for phase one of the build-out and additional improvements of the Outpatient Care Center, at Zuckerberg San Francisco General Hospital and Trauma Center.
- Two Community Care Expansion grants from the State.
  - \$7.4 million, to be administered jointly with the Mayor’s Office of Housing and Community Development, to provide operating subsidies towards leases costs and grants to licensed board and care operators towards the acquisition of current facilities that they are currently leasing.
  - \$9.5 million to support the renovation and expansion of the residential treatment step-down site on Treasure Island.

*Laguna Honda Hospital Facilities Staffing* - As Laguna Honda Hospital continues to work towards recertification with the Centers for Medicare and Medicaid Services, it has identified additional needs to meet the goals and requirements of its action plan. The Mayor’s budget includes the package of new positions proposed by DPH in February and also adds six new 7334 Stationary Engineer positions. This additional engineering support will allow LHH to have 24/7 coverage at facilities to respond to urgent or emergency physical plant issues.

*Cost of Doing Business Increase for Non-Profit Contractors* - The Mayor’s budget includes a cost-of-doing business increase of 3% for all general funded non-profit contractors with an additional 1% targeted towards health and homelessness contractors, for a total of 4% for DPH-funded community-based organizations in FY 2023-24.

**CELEBRATING THE EXPANSION OF DPH’S TOBACCO FREE PROJECT**

Since January 2023, Tobacco-Free Project (TFP) staff, who work within the Community Health Equity and Promotion Branch of the Population Health Division (PHD), in partnership with Southeast Family Health Center, have been delivering harm reduction-based Stop Smoking classes. The program has reached 16 participants, in which 85% of the participants have quit or reduced their tobacco use. On average, participants started at 12.8 cigarettes per day and were down to 4.7 per day by the end of the class series, or 8 fewer cigarettes each day (a 63% reduction of their smoking!). The class participation doubled in size from Series 1 to Series 2, and has prompted TFP staff to establish a support group to further meet the needs of the community. This is a great example of collaboration between PHD and our San Francisco Health Network to improve patient health and community wellness. Please check out @SFPublicHealth on social media platforms for more information on the Tobacco Free Project's Stop Smoking classes as well as recent World No Tobacco Day (May 31) activities.

## **DPH RECOGNIZES UPCOMING WORLD REFUGEE DAY**

June 20<sup>th</sup> is recognized annually around the globe as [World Refugee Day](#). In the spirit of this upcoming day of recognition, DPH would like to highlight that its own [San Francisco Newcomer's Health Program](#) and [San Francisco TB Clinic](#) were recognized by the [National Association of County and City Health Officials \(NACCHO\)](#) with an article in their official blog "NACCHO Voice," highlighting their collaborative work to protect newly arrived refugees from TB, and prevent its spread in San Francisco.

The full article can be read here: [World TB Day 2023: The Impact of Local Health Department TB Programs in Supporting Refugee and Newcomers Communities to the United States](#)

[Thank you to the staff of the Newcomer's Health Program and the San Francisco TB Clinic for working together to advance this important prevention effort and protecting public health!](#)

## **TRAUMA MONTH & WEAR ORANGE DAY AT ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL (ZSFG)**

May was National Trauma Awareness Month and ZSFG celebrated and recognized Trauma Registry Professionals, Injury Prevention Professionals, National Trauma Survivors, and all care providers and support staff along the trauma continuum. Patients who are transported to ZSFG for trauma care are supported by virtually every department at ZSFG and many more within DPH and the community. Last year more than 3,000 patients arrived at the Emergency Department for trauma care. More than 2,000 of these individuals were admitted.

ZSFG is currently preparing for its reverification survey to retain its Level 1 Trauma Center status. ZSFG consistently falls in the top percentile for lowest mortality and complication rates among similar trauma centers throughout the US and Canada based on the Trauma Quality Improvement Program (TQIP). And, our Trauma Attendings are nationally and internationally recognized experts in Trauma care who have been the recipients of numerous awards and research grants.

As part of Trauma Awareness Month, ZSFG recognized the gun violence prevention campaign, "Wear Orange Day" from June 2-4, a national awareness campaign that honors lives cut short and those impacted by gun violence. At ZSFG, staff wore orange along with partners Wrap Around Project, Trauma Recovery Center, Moms Demand, Everytown and United Playaz in solidarity with the 181 patients who received trauma care at ZSFG last year due to gun violence and as a call to action to end gun violence everywhere.

## **EIGHTY-FOUR PERCENT OF DPH STAFF TO RECEIVE COVID WORKER RETENTION PAYMENTS**

DPH staff have worked tirelessly through the COVID-19 pandemic to protect the health of all San Franciscans and we are incredibly grateful for their sacrifices and contributions. We are excited to announce that the California Department of Health Care Services (DHCS) has granted DPH funding to recognize employees' hard work via Senate Bill 184 – COVID 19 Worker Retention Payments.

DPH Human Resources have contacted employees who meet all of DHCS's requirements\* for the part-time retention payment, and we are happy to note that approximately 84% of current DPH staff will receive a retention payment of between \$750 and \$1,000 (subject to taxes) in their June 6, 2023 paychecks.

\*Eligibility to receive a part-time retention payment, included but was not limited to having worked between 100-399 or more than 400 on-site hours within a timeframe designated by DHCS.

## **COVID-19 UPDATE**

As of 6/1:

- San Francisco’s 7-day rolling average of new COVID cases per day is 29.\*
- Eighty-six percent of all SF residents have been vaccinated and 65% have received booster dose(s). Forty percent of residents have received a bivalent booster.

\* We are temporarily pausing the distribution of hospitalization data while CDPH makes updates to the hospitalization data reporting stream. We plan to re-integrate this data once system updates are complete.

## DPH in the News

### Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

I congratulate Sandra Simon being hired as LHH’s Nursing Home Administrator. She’s a “Medicine Woman” in her lineage — a plus! In June 2022, HMA identified a NHA was necessary for LHH that was vacant for 20 years. The 12/1/22 first “Root Cause Analysis” report written in November noted: “The facility does not have a nursing home administrator on staff, which also contributes to the lack of knowledge specific to nursing home regulations and operations.” It’s shameful it’s taken a full year to hire Ms. Simon. CMS’ 2/1/2023 letter to LHH noted CMS wanted Assistant NHA’s (ANHA) on-boarded rapidly. What’s the status of hiring the two ANHA positions? I fully support Dr. Palmer’s testimony today: “A new nursing home administrator will not be able to assist in saving Laguna Honda intact unless she is empowered to act independently...” Palmer noted “If any more immediate jeopardy citations continue, we’ll lose Laguna Honda.”

Teresa Palmer submitted the following written comments:

A new nursing home administrator will not be able to assist in saving Laguna Honda intact unless she is empowered to act independently, and in the best interests of Laguna Honda residents. If direct care staff are chronically short and/or constantly moved around there is NO WAY to adequately create and follow required care plans--because care staff does not know their residents. Immediate jeopardy citations will continue. In addition, if there is pressure to admit new residents to any open bed in order to facilitate “flow” at SFGH, or if those with unstable, undertreated and acute behavioral disorders are not adequately screened, chaos and “immediate jeopardy” citations will continue. If immediate jeopardy citations continue, we will lose Laguna Honda. Will Ms. Simon be given the latitude and support she needs to do the job right? Or is she being hired for her obedience?

Art Persyko submitted the following written comments:

A new nursing home administrator won't be able to assist in saving Laguna Honda unless she is empowered to act independently, and in the best interests of Laguna Honda residents. If there is a shortage of direct care staff and/or if they are constantly moved around it will be difficult to create and follow required care plans and it will put optimum care for residents at risk. In addition, if there is pressure to admit new residents to open beds to facilitate “flow” at SFGH; or if those with unstable, undertreated and acute behavioral disorders are not adequately screened, chaos and “immediate jeopardy” citations may well continue, which would put Laguna Honda at risk from CMS. Ms. Simon must be given the latitude and support she needs to do her job in a way that allows her to make her highest priority the health and lives of Laguna Honda residents

Carol Bettencourt submitted the following written comments:

Even though CMS has extended the pause on forced transfers until September, I am extremely concerned that at the rate things are going there may not be enough time for sufficient improvements to avoid closure procedures and the discharge of every resident. I am afraid that at the last meeting

Mr. Pickens presented an overly optimistic picture of progress at Laguna Honda Hospital and I am afraid that more “immediate jeopardy” citations will be issued. San Francisco already has a shortage of skilled nursing beds and cannot afford to lose Laguna Honda! More must be done by both the City and the State to save Laguna Honda. I am also deeply worried that there are not sufficient resources, including housing and treatment, for people who are currently approved for discharge from Laguna Honda. More must be done by the City and the State in this regard as well. Thank you.

Commissioner Comments:

Commissioner Green stated that the Commission is delighted with the hire of Ms. Simon and appreciates that the hiring process took the necessary time to choose the right candidate.

Commissioner Green noted that there is a current survey happening at LHH and the Care By the Bedside initiative has just been launched. Director Colfax stated that he is cautiously optimistic that the survey will unfold successfully. The Coordinated Care at the Beside initiative is in response to past survey findings; the goal is to integrate this work. He noted that the survey findings will likely not reflect the implementation of this initiative because it has not been implemented in all neighborhoods.

Commissioner Chow asked for confirmation that Mr. Pickens will remain on board through the recertification process, although Ms. Simon will start later this month. Director Colfax stated that the current LHH leadership team will remain through recertification to ensure no history of the situation will be lost as new LHH leaders are brought onboard.

**8) FINANCE AND PLANNING COMMITTEE UPDATE**

Commissioner Chung, Chair, stated that the committee reviewed all contract-related items on the Consent Calendar and recommended that the full Health Commission approve them.

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following summary:

As I just testified to the Finance and Planning Committee, the nearly \$1 million contract with Elsevier Inc. to provide the ClinicalKey platform for on-line access to Nursing policies and procedures used at LHH and SFGH is worrisome. When I worked at LHH for a decade, all hospital policies were available on-line on the hospital’s Intranet. Although an Elsevier, Inc. representative stated the ClinicalKey platform contains a lookup feature tied to given policies to refresh clinician’s on particular procedures — I think the example used was for placement of foley catheters — it’s concerning clinicians would need access to an on-line refresher training on basic procedures like foley catheters. I was recently hospitalized for skin cancer excision and skilled nursing care. I wouldn’t have wanted clinicians who had to look up basic procedures. That LHH clinicians may need this Elsevier contract to assist with recertification efforts is both shocking and extremely worrisome!

**9) CONSENT CALENDAR**

Action Taken: The Health Commission unanimously approved the following:

- June 2023 Contracts Report
- Approval of a contract with Elsevier Inc to provide the ClinicalKey platform for nursing to have online access to Nursing policies and procedures used at Laguna Honda Hospital and Zuckerberg San Francisco General Hospital. The total proposed contract amount is \$900,203 which includes a 12% contingency for the term of May 28, 2023 through November 27,2028 (66 Months). The

services in this contract, with this provider were previously administered by OCA, but will now become a DPH contract as of May 28, 2023.

- Approval of a contract with Emerald Textile Services Norcal LLC to provide laundry services for both Laguna Honda Hospital and Zuckerberg San Francisco General Hospital. The total proposed contract amount is \$8,861,160 which includes a 12% contingency for the term of July 1, 2023 through January 31, 2026 (2&1/2 years). The services in this contract, with this provider were previously administered by OCA, but will now become a DPH contract as of July 1, 2023.
- Approval of a New Grant Agreement with Dental Robin Hood to perform coordination of Bayview Hunter’s Point Children’s Oral Health Task Force. The total proposed agreement amount is \$347,200 which includes a 12% contingency for the term of 07/01/2023 through 06/30/2025 (2 years).
- Approval of a New Professional Services Agreement with Regents of the University of California, San Francisco (UCSF) to perform comprehensive primary and specialty medical care services for HIV positive outpatient clients. The total proposed agreement amount is \$1,749,891 which includes a 12% contingency for the term of 07/01/2023 through 06/30/2024 (1 year).
- Approval of a New Professional Services Agreement with Regents of the University of California, San Francisco (UCSF) to perform comprehensive clinical HIV prevention programs that integrate HIV and STD (Sexually Transmitted Services). The total proposed agreement amount is \$1,522,558 which includes a 12% contingency for the term of 07/01/2023 through 06/30/2024 (1 year).
- Approval of a New Grant Agreement with Asian & Pacific Islander Wellness Center DBA San Francisco Community Health Center to establish a multi-service drop-in center to focus on providing hospitality, recovery, and linkage and navigation services for people experiencing homeless (PEH) and people who use drugs (PWUD); aiming to support guests in feeling welcome, respected, and celebrated. The total proposed agreement amount is \$2,638,428 which includes a 12% contingency for the term of June 01, 2023 through June 30, 2025 (2 years, 1 month).
- Annual Request to the Health Commission for advance approval of potential Administrative Code, Chapter 21.42 Sole Source Waiver usage
- ZSFG Policies and Procedures:
  - Community Primary Care Rules and Regulations
  - Standardized Procedures for COVID-19 Antigen Point of Contact Testing Protocol
  - Resolution of Commitment to Trauma Care

## **10) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS**

Commissioner Laurie Green, MD, ZSFG JCC Member, stated that at the May 23<sup>rd</sup> ZSFG JCC meeting, the committee discussed a thoughtful presentation on “Safe and Equitable Staff Experience Workplace Violence Prevention A3 Initiative.” ZSFG has been focusing on ways to keep patients and staff safe in an increasingly more complex hospital environment due to patients’ mental health and substance use issues. The Committee also reviewed standard reports including the Regulatory Affairs Report, Human Resources Report, and CEO Report. CDPH continues to be behind in their investigations of reported cases at ZSFG. The Human Resource Department continues to be creative in its attempt to hire nurses and other staff members. The Committee said goodbye to Susan Brajkovic, who made a great impact on the Risk Management Department during her tenure. In closed session, the committee approved the Credentials Report and PIPS Minutes Report.

**11) OTHER BUSINESS:**

This item was not discussed.

**12) ADJOURNMENT**

The meeting was adjourned at 7:08pm.